

4/29/5

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

09/458862

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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31		1				
32		1				
33		1				
34		1				
35		1				
36		2				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	11					
TOTAL DEP.	53					
TOTAL CLAIMS	64					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51		3										
52		3										
53	1											
54	1											
55	1											
56	1											
57	1											
58	1											
59		4										
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99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												